Idaho Board of Nursing

STRATEGIC PLAN

FY 2010

July 2009 to June 2013

Idaho Board of Nursing

STRATEGIC PLAN

FY 2010

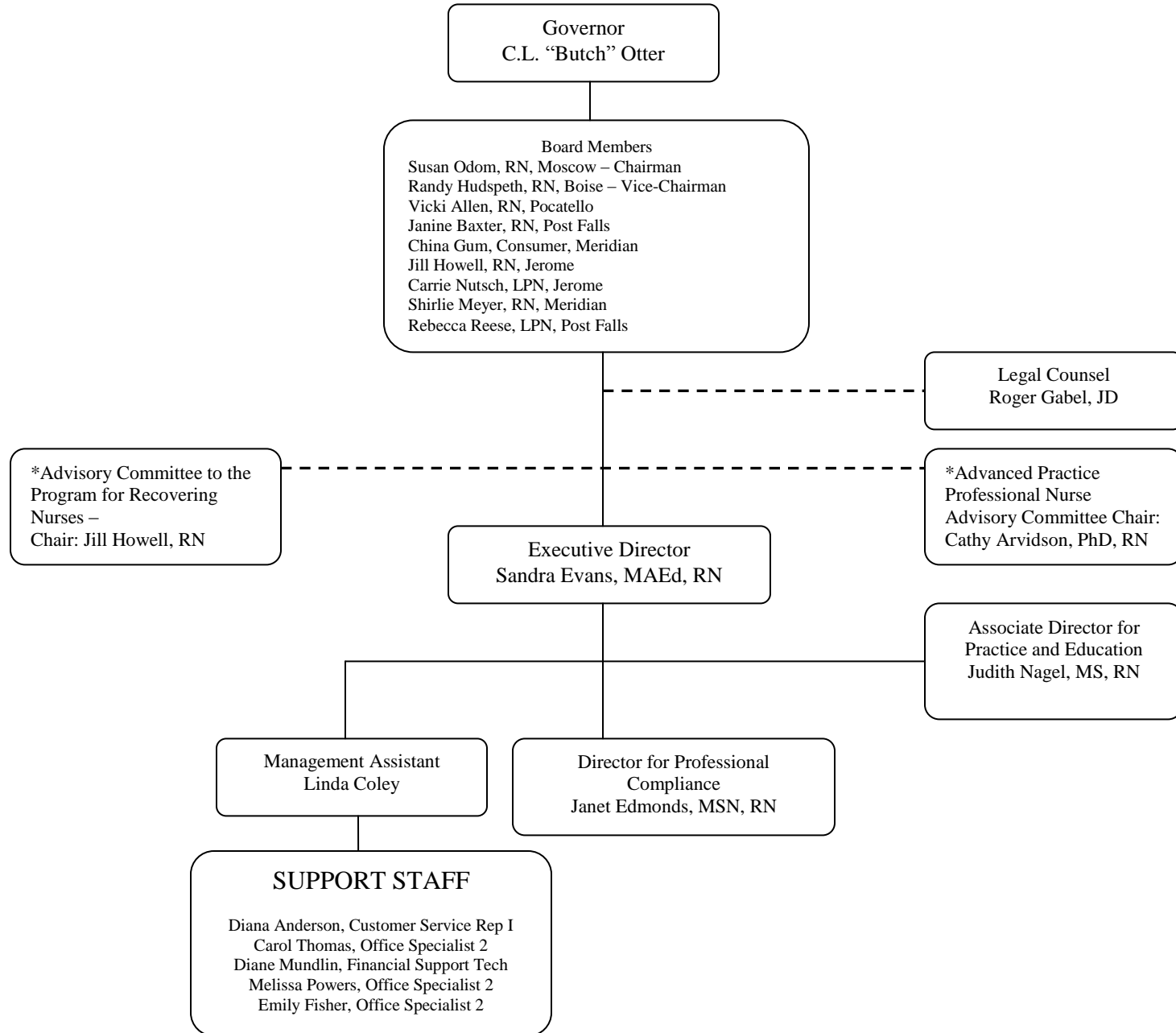# For the period July 1, 2009   to June 30, 2013

Submitted:

July 1, 2009

Signed: _____

Sandra Evans, MAEd, RN, Executive Director

Approved: _____

Susan Odom, PhD, RN, Chairman

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ORGANIZATIONAL CHART
BOARD OF NURSING

Governor
C.L. "Butch" Otter

Board Members
Susan Odom, RN, Moscow – Chairman
Randy Hudspeth, RN, Boise – Vice-Chairman
Vicki Allen, RN, Pocatello
Janine Baxter, RN, Post Falls
China Gum, Consumer, Meridian
Jill Howell, RN, Jerome
Carrie Nutsch, LPN, Jerome
Shirlie Meyer, RN, Meridian
Rebecca Reese, LPN, Post Falls

Legal Counsel
Roger Gabel, JD

*Advisory Committee to the Program for Recovering Nurses –
Chair: Jill Howell, RN

*Advanced Practice Professional Nurse Advisory Committee Chair:
Cathy Arvidson, PhD, RN

Executive Director
Sandra Evans, MAEd, RN

Associate Director for Practice and Education
Judith Nagel, MS, RN

Management Assistant
Linda Coley

Director for Professional Compliance
Janet Edmonds, MSN, RN

SUPPORT STAFF

Diana Anderson, Customer Service Rep I
Carol Thomas, Office Specialist 2
Diane Mundlin, Financial Support Tech
Melissa Powers, Office Specialist 2
Emily Fisher, Office Specialist 2

MISSION STATEMENT

The Mission of the Idaho Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.

VISION

Idaho Board of Nursing… The Model for Excellence
- ♦ *Excellence in Nurse Licensing*
- ♦ *Excellence in Nursing Practice*
- ♦ *Excellence in Nursing Education*

The Board envisions continual pursuit of excellence: excellence in nurse licensing, nursing practice, and nursing education. To this end, excellence is validated by recognition for best practice, meeting or exceeding national standards, and application of benchmark strategies. Excellence is determined within the context of space and time, and may be influenced by inputs such as new knowledge, evolving science and technology, and dynamic partnerships. The Board is and will always be vigilant in maintaining or strengthening public safeguards while eliminating or preventing unnecessary barriers for Idaho's workforce.

GOALS OF THE BOARD OF NURSING

✤ **LICENSURE/CERTIFICATION GOAL**: License/Certify Qualified Persons for Practice

✤ **PRACTICE GOAL**: Determine, Communicate, and Enforce Standards of Conduct and Scope and Standards of Practice

✤ **EDUCATION GOAL**: Determine, Communicate and Enforce Standards for Educational Programs Preparing Individuals for Practice at all Levels

✤ **GOVERNANCE GOAL**: Governance Framework and Culture Support the Accomplishment of Vision, Mission and Goals

✤ **COMMUNICATION GOAL**: Communication between the Board, its Colleagues, Internal and External Stakeholders and the Public

✤ **ORGANIZATIONAL GOAL**: Organizational Infrastructure Supports the Vision, Mission and Goals

KEY EXTERNAL FACTORS IMPACTING GOAL ACCOMPLISHMENT

Shifting economic, political, social and professional climates, most of which are beyond the Board's control, may impact Board accomplishment of longer-range goals and objectives. Additionally, unanticipated events, both positive and negative, may alter projected timelines and desired outcomes reflected in the Board's strategic plan. Unsettled economic forces, the beginning cultural shift to healthier lifestyles, and citizen demands for governmental accountability and transparency combined with a well-informed public on issues related to healthcare impact nursing regulation and the role of the Board of Nursing.

Sociologic/Demographic

Changes in Idaho's population demographics continuously impact the work of the Board of Nursing. As the population ages, Board criteria for curriculum in approved nursing education programs will change, nursing practice will evolve and be redefined, settings where nursing is practiced and complaints about the practice of nurses will be altered and the way information is shared with constituents will be restructured. Consumer demand for home-based care, client-directed care, and care delivered electronically will impact how nurses are educated and how/where they are licensed. Social issues that affect individual behavior such as chemical dependence, domestic abuse, and the effects of traumatic stress affect the performance and behavior of nurses as well. These behaviors have an impact on the number and complexity of disciplinary cases handled by the Board and may require special licensure conditions that are necessary for public protection. As society changes, so does the work of the Board.

Economic

State and national economic fluctuations impact the nursing workforce, often with unpredictable up- and downswings. Board operations are planned with attention to agency workload and revenue projections, both of which change in direct response to shifts in nursing workforce demand and supply, or, in other words, the number of licensure applications processed and licenses issued by the Board. As the economy changes, nurses tend to exit from and reenter practice, affecting their need for licensure. State and national economic fluctuations impact healthcare economics, which directly affects nursing workforce numbers.

Technological

Board efficiency and accuracy have improved dramatically over the past ten years, in part as a result of the acquisition and application of electronic systems. However, evolving interface requirements and security concerns require that existing aging electronic systems be replaced with more advanced, efficient technology. Upgrades and patching are no longer sufficient for the sophisticated operations being employed. Unanticipated systems and equipment failures present immediate challenges to the agency and may impact goal accomplishment. Emergency preparedness and the potential need for disaster recovery present significant operational challenges to the Board, many of which have a fiscal impact.

Political

As a self-governing agency of state government, the Board is directly impacted by the state's political climate and resulting administrative and legislative decisions and directives. Appropriated spending authority, approval of proposed rule changes and support for statutory amendments all affect Board accomplishment of goals and benchmark success. Necessary involvement of

constituents in political processes as well as education of policy makers is often key to the success of Board initiatives but may impact projected strategic timeframes and goal accomplishment. Political pressures on the Board to act or respond to special interests and partisan issues present interesting challenges to both the Board and its staff.

Environmental
Efforts to conserve natural resources and protect and nurture the environment will affect the way the Board does its business, from paperless correspondence and records, to virtual meetings, to telework policies for staff. Support systems, policies and logistics for environmentally-friendly processes and transactions will change the way the Board accomplishes its Mission and goals.

VALUES

The Board of Nursing has endorsed the following values for application within all Board activities and decisions, including those delegated to staff, appointed bodies, and contractors.

Values	Value Definitions
Integrity	*Being honorable, forthright, and acting with conviction based upon a firm intention to do the right thing for the right reason.*
Accountability	*Taking responsibility to see that organizational processes are consistently applied toward outcomes.*
Collaboration	*Working with others to reach solutions.*
Quality	*Implementing best practices in all endeavors.*
Respect	*Acting with consideration and attentiveness in all encounters.*
Leadership	*Using knowledge and experience to influence the perceptions, understanding and behaviors of others.*

LICENSURE/CERTIFICATION GOAL:

License/Certify Qualified Persons for Practice

Licensure/Certification Goal: License/Certify Qualified Persons for Practice

To accomplish the Licensure/Certification Goal:

Objectives	Performance Measure
L.1. Licensed Nurses Provide Evidence of Continued Competence	▪ Criteria for demonstrated continued nurse competence are developed, adopted and implemented as a requirement for licensure by endorsement, reinstatement and renewal
L.2 APRN Regulation is Consistent with the APRN Consensus Model	▪ Key concepts of the APRN Consensus Model provide the framework for revision of statute and rules governing APRN regulation in Idaho
L.3. The Mutual Recognition of Licensure Model for APRN Regulation is Adopted	▪ Adoption/implementation of APRN Compact
L.4 Certified Medication Assistants are Regulated	▪ Implementation of medication assistant credentialing processes
L.5. Customers are Satisfied with Licensure Processes	▪ Meet or exceed the satisfaction rating for licensure-related processes as defined through NCSBN CORE® research
L.6. Board Participates in the LPN/RN Nurse Licensure Compact	▪ Participation in the LPN/RN Nurse Licensure Compact ▪ Application of provisions of the NLC, including statute, rules and policies
L.7. Qualified Applicants are Licensed/Certified by: ▪ Examination ▪ Endorsement ▪ Reinstatement ▪ Renewal	▪ Adoption of NCSBN Uniform Core Licensure Requirements ▪ Issuance of licensure/certificates to applicants who meet established criteria
L.8. Licenses Subject to Special Restrictions, Terms and Conditions are Issued	▪ Issuance of conditioned and restricted licensure to applicants consistent with criteria defined in rule, policy and by orders of the Board
L.9. Licensure Standards are Responsive to Changes in the Healthcare and Regulatory Environments	▪ Issues and trends in the healthcare environment that may impact nurse licensure are addressed by the Board

GOAL: LICENSE/CERTIFY QUALIFIED PERSONS FOR PRACTICE

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
L.1. Licensed Nurses Provide Evidence of Continued Competence	- Criteria for demonstrated continued nurse competence are developed, adopted and implemented as a requirement for licensure by endorsement, reinstatement and renewal	▪ Models for measuring continued competence are analyzed ▪ Identify the most feasible model ▪ Implement the Model	▪ Staff & Board ▪ Board ▪ Staff	▪ FY 2010 ▪ FY 2011 ▪ FY 2012
L.2. APRN Regulation is Consistent with the APRN Consensus Model	- Key concepts of the APRN Consensus Model provide the framework for revision of statute and rules governing APRN regulation in Idaho	▪ Consensus Model & BON statute/rules are congruent ▪ Identify necessary revisions to NPA & rules ▪ Adopt recommended revisions	▪ APPNAC ▪ APPNAC ▪ Board	▪ FY 2010 ▪ FY 2010 ▪ FY2015
L.3. The Mutual Recognition of Licensure Model for APRN Regulation is Adopted	- Adoption/Implementation of APRN Compact	▪ Consult with APRN Compact states on status ▪ Initiate APRN Compact legislation	▪ Staff ▪ Board	▪ Ongoing ▪ TBD
L.4. Certification of Medication Assistants	- Implementation of medication assistant credentialing processes	▪ Adopt MA-C exam ▪ Begin processing MA-C applications	▪ Board ▪ Staff	▪ FY2010 ▪ FY2010
L.5. Customers are Satisfied with Licensure Processes	- Meet or exceed satisfaction rating for licensure-related processes as defined through NCSBN CORE® research	▪ Current processes are analyzed for efficiency ▪ Electronic applications are available for all licensure ▪ Digital fingerprinting is implemented ▪ Licenses/certificates are paperless	▪ Staff ▪ Staff ▪ Staff ▪ Staff	▪ Ongoing ▪ FY2015 ▪ FY2015 ▪ FY2015

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
L.6. Board Participates in the LPN/RN Nurse Licensure Compact	- Participation in the LPN/RN Nurse Licensure Compact - Application of provisions of the NLC, including statute, rules and policies	• Participate in NLCA • Collaborate with other NLC states • Assist states adopting NLC • Adopt revised NLC rules	• Board & Staff • Staff • Staff • Board	• Ongoing • Ongoing • Ongoing • FY 2010

L.7. Qualified Applicants are Licensed/Certified by:
   ▪ *Examination*
   ▪ *Endorsement*
   ▪ *Reinstatement*
   ▪ *Renewal*
	- Adoption of NCSBN Uniform Core Licensure Requirements
	- Issuance of licensure to applicants who meet established criteria
		• Revised UCLR and current criteria are analyzed for congruence
		• Identify needed revisions
		• Initiate statute/rule revisions
		• Refine processes for efficiency/effectiveness
			• Board & Staff
			
			• Board & Staff
			• Board
			
			• Staff
				• FY2012
				
				• FY 2012
				• FY 2013
				
				• Ongoing

L.8. Licenses Subject to Special Restrictions, Terms and Conditions are Issued	- Issuance of conditioned and restricted licensure to applicants consistent with criteria defined in rule, policy and by orders of the Board	• Implement policy directives for non-routine applications • Monitor nurses for compliance with conditions/restrictions	• Staff • Staff	• Ongoing • Ongoing
L.9. *Licensure Standards are Responsive to Changes in the Healthcare and Regulatory Environments*	- Issues and trends in the healthcare environment that may impact nurse licensure are addressed by the Board	• Licensure issues/trends are considered by BON • Statute and rules related to nurse licensure are regularly reviewed and revised as necessary for compatibility with changes in the healthcare and regulatory environments	• Board • Staff & Board	• Ongoing • Ongoing

PRACTICE GOAL:

Determine, Communicate, and Enforce Standards of Conduct and Scope and Standards of Practice

Practice Goal: Determine, Communicate and Enforce Standards of Conduct and Scope and Standards of Practice

To accomplish the Practice Goal:

Objectives	Performance Measure
P.1. Board Resources are Utilized to Guide Practice	▪ Primary sources used by Idaho constituents for determination of scope of practice are consistent with those used by the CORE® aggregate
P.2. Scope of Nursing Practice is Determined Through Application of the Decision-Making/Delegation Model	▪ Nursing scope of practice is defined and clarified through consistent application of IDAPA 23.01.01.400 ▪ Board decisions and interpretations regarding scope of practice are based on application of IDAPA 23.01.01.400
P.3. Conduct and Practice Standards are Responsive to Changes in the Healthcare and Regulatory Environments	▪ Issues and trends in the healthcare environment that may impact nursing practice and conduct are addressed by the Board
P.4. Root Cause of Practice Breakdown is Identified and Analyzed	▪ Nursing practice errors are identified through the investigation process and reported using the TERCAP® instrument
P.5. Principles of 'Just Culture' are Applied in the Management of Disciplinary Complaints From Receipt to Resolution	▪ Meet or exceed the satisfaction rating for 90% of discipline-related processes as defined through NCSBN CORE® research ▪ Principles of 'Just Culture' are evident in Board decisions
P.6. Practice and Conduct of Nurses Whose Licenses are Conditioned and/or Restricted are Monitored	▪ Monitoring processes for nurses with conditioned licenses detect non-compliance

**GOAL: DETERMINE, COMMUNICATE, AND ENFORCE STANDARDS OF CONDUCT
AND SCOPE AND STANDARDS OF PRACTICE**

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
P.1. Board Resources are Utilized to Guide Practice	-Primary sources used by Idaho constituents for determination of scope of practice are consistent with those used by the CORE® aggregate	▪ Resources are available/up to date, incl. NPA/rules, website, newsletter, meetings, etc. ▪ Adopted/approved documents, statements are disseminated	▪ Staff ▪ Staff	▪ Ongoing ▪ Ongoing
P.2. Scope of Nursing Practice is Determined Through Application of the Decision-Making/Delegation Model	- Nursing scope of practice is defined and clarified through consistent application of IDAPA 23.01.01.400 - Board decisions and interpretations regarding scope of practice are based on application of IDAPA 23.01.01.400	▪ Clarify roles of MA-C and UAP assisting with meds ▪ Licensees are assisted in determining scope of practice	▪ Staff ▪ Staff	▪ FY 2010 ▪ Ongoing
P.3. Conduct and Practice Standards are Responsive to Changes in the Healthcare and Regulatory Environments	- Issues and trends in the healthcare environment that may impact nursing practice and conduct are addressed by the Board	▪ Adopt BON position on client-directed care ▪ Adopt BON statement on pain management ▪ Practice issues/trends are considered by the BON ▪ Statute and rules related to nursing practice and conduct are reviewed and revised as necessary for compatibility with changes in the healthcare and regulatory environments	▪ Board ▪ Board ▪ Board ▪ Staff	▪ FY 2011 ▪ FY 2011 ▪ Ongoing ▪ FY 2010

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
P.4. Root Cause of Practice Breakdown is Identified and Analyzed	- Nursing practice errors are identified through the investigation process and reported using the TERCAP® instrument	▪ Actively participate in TERCAP® ▪ Partner with at least 1 clinical facility to implement TERCAP® ▪ Use TERCAP® findings to assess and modify regulatory processes	▪ Staff ▪ Staff ▪ Staff	▪ Ongoing ▪ FY 2011 ▪ TBD
P.5. Principles of 'Just Culture' are Applied in the Management of Disciplinary Complaints From Receipt to Resolution	- Meet or exceed the satisfaction rating for 90% of discipline-related processes as defined through CORE® -Principles of 'Just Culture' are evident in Board decisions	▪ Resolve disciplinary complaints within 180 days of receipt of complaint ▪ Identify & analyze complaints that exceed 180 days to resolution ▪ Implement strategies to inform public about complaint processes & duty to report ▪ Analyze current disciplinary P&P for relevance, efficiency	▪ Board & Staff ▪ Staff ▪ Board & Staff ▪ Staff	▪ Ongoing ▪ FY 2010 then ongoing ▪ FY 2010 then ongoing ▪ Ongoing
P.6. Practice and Conduct of Nurses Whose Licenses are Conditioned and/or Restricted are Monitored	- Monitoring processes for nurses with conditioned licenses detect non-compliance	▪ Maintain vendor contract for day-to-day monitoring of PRN enrollees ▪ Facilitate activities of the PRNAC ▪ Monitor licensees for compliance with Board-ordered conditions or restrictions	▪ Staff ▪ Board & Staff ▪ Staff	▪ Ongoing ▪ Ongoing ▪ Ongoing

EDUCATION GOAL:

Determine,
Communicate and Enforce Standards
for
Educational Programs Preparing
Individuals for Practice
at all Levels

Nursing Education Goal: Determine, Communicate and Enforce Standards for Educational Programs Preparing Individuals for Practice at All Levels

To accomplish the Education Goal:

Objectives	*Performance Measure*
E.1. Board Philosophy Provides the Foundation for Regulation of Nursing Education	▪ Board decisions related to nursing education are analyzed for consistency with the Board Philosophy on Nursing Education
E.2. Nursing Education Programs Prepare Graduates for Competent Practice at the Entry Level	▪ Approved programs have a >80% pass annual pass rate for first-time candidates on the licensure/certification examination ▪ CORE® research indicates satisfaction rating for 90% of educational preparation-related criteria
E.3. Education Programs Conform to Board-Defined Standards and Criteria	▪ Board decisions related to approval of education programs are based on criteria defined in BON rules ▪ Board sanctions are invoked in cases of program non-compliance with rules
E.4. Education Standards are Responsive to Changes in the Healthcare, Academic and Regulatory Environments	▪ Issues and trends in the healthcare and academic environments that may impact nursing and MA-C education are addressed by the Board

EDUCATION GOAL: DETERMINE, COMMUNICATE, AND ENFORCE STANDARDS FOR EDUCATION PROGRAMS PREPARING LICENSEES FOR PRACTICE AT ALL LEVELS

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
E.1 Board Philosophy Provides Foundation for Regulation of Nursing Education	- Board decisions related to nursing education are analyzed for consistency with the Board Philosophy on Nursing Education	▪ Review relevant documents for consistency with philosophy	▪ Board & Staff	▪ FY 2010
E.2. Nursing Education Programs Prepare Graduates for Competent Practice at the Entry Level	- Approved programs have a >80% annual pass rate for first-time candidates on the licensure/certification examination -CORE® research indicates satisfaction rating for 90% of educational preparation-related criteria	▪ Review and approve programs as defined ▪ Continued program approval is based in part on acceptable pass rates for first-time candidates ▪ Complaints against nurses within 1 year of initial licensure are analyzed for relevance to educational preparation	▪ Board & Staff ▪ Board & Staff ▪ Staff	▪ Ongoing ▪ Ongoing ▪ Ongoing
E.3. Education Programs Conform to Board-Defined Standards and Criteria	- Board decisions related to approval of education programs are based on criteria defined in BON rules - Board sanctions are invoked in cases of program non-compliance with rules	▪ Apply defined criteria in approving educational programs ▪ Review annual program reports for ongoing compliance with criteria ▪ Initiate MA-C program review and approval processes	▪ Board & Staff ▪ Board & Staff ▪ Board & Staff	▪ Ongoing ▪ Annual ▪ FY2010
E.4. Education Standards are Responsive to Changes in the Healthcare, Academic and Regulatory Environments	- Issues and trends in the healthcare and academic environments that may impact nursing and MA-C education are addressed by the Board	▪ Educational issues and trends are considered by the BON ▪ Statute and rules related to education are regularly reviewed and revised as necessary for compatibility with changes in the healthcare, academic and regulatory environments ▪ Regional, state and national reports and recommendations are analyzed for relevance to nursing and MA-C education in ID	▪ Board ▪ Staff & Board ▪ Staff and Board	▪ Ongoing ▪ 2010, then on-going ▪ Ongoing

GOVERNANCE GOAL:

Governance Framework and Culture Support the Accomplishment of the Board's Vision, Mission and Goals

Governance Goal: Governance Framework and Culture Support the Accomplishment of Vision, Mission and Goals

To accomplish the Governance Goal:

Objectives	Performance Measure
G.1. Principles of Policy Governance are Applied to the Board's Work	▪ Board self-assessment indicates that the Board incorporates principles of policy governance in accomplishment of Mission and goals
G.2. Decisions Remain Focused on Accomplishment of Mission, Progress Toward Vision, Adherence to Values and Application of Strategic Thinking	▪ Board assessment indicates accomplishment of Mission, progress toward Vision, adherence to values and use of strategic thinking ▪ Meet or exceed the satisfaction rating for 90% of board effectiveness related measures are reported in CORE®
G.3. Board Engages in Continuing Development Activities	▪ On-going Board member development is evidenced in meeting minutes, agendas and through annual self-assessment ▪ Annual Board self-assessment indicates satisfaction with relationships, governance practices and decision-making processes ▪ Board decisions, if challenged, are upheld
G.4. Collaboration with Internal and External Stakeholders	▪ Board assessment processes indicate satisfaction with opportunities and results of collaboration with stakeholders ▪ Meet or exceed the satisfaction rating for 90% of collaboration/communication-related processes as defined through CORE®
G.5. Board Committees Accomplish Their Charge/Mission	▪ Committee self-assessment indicates accomplishment of their purpose and responsibilities
G.6. Healthcare Policy and Emerging Trends Influence Board Planning and Decision-Making	▪ Healthcare policy and trends are considered in planning and decisions of the Board as evidenced in meeting minutes, reports and initiatives
G.7. Board Participates in Healthcare Policy Decision-Making	▪ Evidence of Board member and staff participation in a variety of healthcare policy arenas ▪ Board members and staff serve in key roles in healthcare policy arenas

GOAL: GOVERNANCE FRAMEWORK AND CULTURE SUPPORT THE ACCOMPLISHMENT OF VISION, MISSION AND GOALS

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
G.1. Principles of Policy Governance are Applied to the Board's Work	- Board self-assessment indicates that the Board incorporates principles of policy governance in accomplishment of Mission and goals	▪ Educate Board members on principles of policy governance ▪ Self-assessment measures Board adherence to governance principles ▪ Board Vision and Values are reviewed and revised	▪ Board & Staff ▪ Board ▪ Board	▪ Ongoing ▪ Annual ▪ FY2010
G.2. Decisions Remain Focused on Accomplishment of Mission, Progress Toward Vision, Adherence to Values and Application of Strategic Thinking	- Board assessment indicates accomplishment of Mission, progress toward Vision, adherence to values and use of strategic thinking -Meet or exceed satisfaction rating for 90% of board effectiveness measures as reported in CORE®	▪ Review Board processes, policies and decisions for internal congruence with Vision, Mission, values, and strategic goals ▪ Board self-assessment measures accomplishment of Mission	▪ Board, Governance Committee & Staff ▪ Board	▪ Annual ▪ Annual

G.3. Board Engages in Continuing Development Activities	-On-going Board member development is evidenced in meeting minutes, agendas and through annual self-assessment
	-Annual Board self-assessment indicates satisfaction with relationships, governance practices and decision-making processes
	-Board decisions, if challenged, are upheld
		▪ Orient new Board & committee members
		▪ Provide ongoing Board education relative to:
		  o Specific issues
		  o Ongoing Board processes and projects
		▪ Plan and conduct a retreat for Board members targeting focused Board development
			▪ Staff
			
			▪ Staff
			
			▪ Board & Staff
				▪ On appointment
				▪ Ongoing
				
				▪ FY 2010

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
G.4. Collaboration with Internal and External Stakeholders	- Board assessment processes indicate satisfaction with opportunities and results of collaboration with stakeholders - Meet or exceed the satisfactory rating for 90% of collaboration/communication-related processes as defined through CORE®	▪ Include public members on Board committees and panels ▪ Use negotiated rulemaking processes ▪ Identify stakeholders for each major initiative and engage partners as appropriate	▪ Board ▪ Board & Staff ▪ Board & Staff	▪ Ongoing ▪ During rulemaking ▪ Ongoing
G.5. Board Committees Accomplish Their Charge/Mission	- Committee self-assessment indicates accomplishment of their purpose and responsibilities	▪ Annual self-assessments of the APPNAC, PRNAC and the Board indicate accomplishment of committee charge/mission	▪ APPNAC, PRNAC and Board	▪ Annual
G.6. Healthcare Policy and Emerging Trends Influence Board Planning and Decision-Making	- Healthcare policy and trends are considered in planning and decisions of the Board as evidenced in meeting minutes, reports and initiatives	▪ Concept of 'just culture' is incorporated into processes and decisions ▪ Healthcare policy and emerging trends are considered ▪ Environmental scan informs the Board of emerging trends	▪ Board & Staff ▪ Board ▪ Board & Staff	▪ FY2010 ▪ Ongoing ▪ Ongoing
G.7. Board Participates in Healthcare Policy Decision-Making	- Evidence of Board member and staff participation in a variety of healthcare policy arenas -Board and staff serve in key roles in healthcare policy arenas	▪ Participate in meetings and forums regarding health care planning and decision-making ▪ Maintain positive relationships with key policy makers ▪ Inform and advise key policy makers on the role of the Board	▪ Board & Staff ▪ Board & Staff ▪ Staff & Board	▪ Ongoing ▪ Ongoing ▪ Ongoing

COMMUNICATION GOAL:

Communication between the Board and its Colleagues, Internal and External Stakeholders, and the Public

Communication Goal: Communication between the Board and its Colleagues, Internal and External Stakeholders and the Public

To accomplish the Communication Goal:

Objectives	Performance Measure
C. 1. Public Awareness of the Mission and Role of the Board	▪ Mission and role of the Board are presented to a diverse audience through varied media ▪ Meet or exceed the satisfactory rating for 90% of public awareness criteria as defined through CORE®
C.2. Open Communication Between the Board and the Public	▪ Positive feedback related to communication with the Board is received ▪ Meet or exceed the satisfactory rating for 90% of public satisfaction related to communication criteria as defined through CORE®
C.3. Licensure and Certification Information is Accessible	▪ Information necessary for licensure/certification verification and reporting, nursing workforce research and policy-decisions is maintained and available through the Board's database ▪ Required information is accurately and timely reported to NURSYS®, the NPDB and the HIPDB

GOAL: COMMUNICATION BETWEEN THE BOARD, ITS COLLEAGUES, INTERNAL AND EXTERNAL STAKEHOLDERS AND THE PUBLIC

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
C.1 Public Awareness of the Mission and Role of the Board	- Mission and role of the Board are presented to a diverse audience through varied media - Meet or exceed the satisfactory rating for 90% of public awareness criteria as defined through CORE®	▪ Maintain/enhance website ▪ Publish 5 newsletters/yr ▪ Publish Annual Report ▪ Develop/update flyers and brochures ▪ Participate in forums, present information, etc. ▪ Plan Board Centennial celebration	▪ Staff ▪ Staff ▪ Staff ▪ Board & Staff ▪ Board & Staff ▪ Board & Staff	▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ FY 2010-11
C.2. Open Communication Between the Board and the Public	-Positive feedback related to communication with the Board is received -Meet or exceed the satisfactory rating for 90% of public satisfaction related to communication criteria as defined through CORE®	▪ Analyze and address specific communication concerns ▪ Review authorities/documents for clarity, accuracy ▪ Respond to inquiries, requests ▪ Include public forum with each Board meeting	▪ Staff ▪ Board & Staff ▪ Board & Staff ▪ Board	▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing
C.3. Licensure and Certification Information is Accessible	- Information necessary for licensure/certification verification and reporting, workforce research and policy decisions is maintained and made available through the Board's database - Required information is accurately and timely reported to NURSYS®, the NPDB and HIPDB	▪ Analyze and revise minimum data set as needed ▪ Maintain and upgrade technology for access to data and ease of use ▪ Incorporate technological tools necessary to protect privacy and maintain confidentiality of data ▪ Maintain the NCSBN reporting agent contract ▪ Enter into agreements for data sharing consistent with Board position	▪ Staff ▪ Staff ▪ Staff ▪ Board/Staff ▪ Staff	▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Annual ▪ Ongoing

ORGANIZATIONAL GOAL:

Organizational Infrastructure Supports the Vision, Mission and Goals

Organization Goal: Organizational Infrastructure Supports the Vision, Mission and Goals

To accomplish the Organization Goal:

Objectives	*Performance Measure*
O.1. Physical Environments, Including the Board Office, Support Day-to-Day Operations and Functions	▪ The office of the Board of Nursing, including physical location, space and furnishings, equipment and staff, support the day-to-day operation of the Board ▪ Plans for emergency response and disaster recovery address office and space needs of the Board
O.2. Staff and Other Human Resources, Competent and Sufficient in Number, Individually and Collectively Contribute to Accomplishment of Mission and Strategic Goals	▪ Number of staff and contractors is sufficient to accomplish the essential functions of the Board ▪ Staff meet annual performance expectations for key job responsibilities, customer service and interpersonal relationships ▪ Annual Board self-assessment related to support by staff is positive
O.3. Current and Projected Needs of the Board are Supported Through Sound Fiscal Resources Management	▪ Annual budget and FTP appropriation support accomplishment of Mission and strategic goals ▪ Fiscal audit indicates agency adherence to accepted internal controls and fiscal management ▪ Strategic planning considers long-range projections that may impact fiscal resources
O.4. Operational Systems and Resources Facilitate Agency Processes and Transactions	▪ Strategic planning considers long-range projections that may impact operational systems and resources ▪ Annual budget requests include equipment and software necessary to support short and long-term Board operations ▪ Maintenance contracts and technical personnel support operational systems

GOAL: ORGANIZATIONAL INFRASTRUCTURE SUPPORTS THE VISION, MISSION AND GOALS

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
O.1. Physical Environments, Including the Board Office, Support Day-to-Day Operations and Functions	- The office of the Board of Nursing, including physical location, space and furnishings, equipment and staff, support the day-to-day operation of the Board - Plans for emergency response and disaster recovery address office and space needs of the Board	▪ BON office is publicly convenient, accessible, cost-effective appropriate for the BON image ▪ Extended agency lease is negotiated and maintained ▪ Meeting rooms are appropriate for the business conducted, incl: public access, convenience, equipment use, etc. ▪ Emergency Response/Disaster Recovery Plan is approved	▪ Staff ▪ Staff ▪ Staff ▪ Staff	▪ Ongoing ▪ FY 2010 ▪ Ongoing ▪ Ongoing
O.2. Staff and Other Human Resources, Competent and Sufficient in Number, Individually and Collectively Contribute to Accomplishment of Mission and Strategic Goals	- Number of staff and contractors is sufficient to accomplish the essential functions of the Board - Staff meet annual performance expectations for key job responsibilities, customer service and interpersonal relationships - Annual Board self-assessment related to support by staff is positive	▪ Staff adequate in # and qualified for assigned responsibilities ▪ Professional staff compensation plan on target ▪ Staff compensation determined consistent with policy and appropriation ▪ Staff perform at or above expectations ▪ Outside contracts maintained for legal counsel, PRN monitoring, select operations ▪ Ongoing staff development used to enhance knowledge and performance	▪ Board, ED ▪ Board, ED ▪ ED ▪ Board, ED ▪ ED ▪ ED	▪ Ongoing ▪ FY2011 ▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing
O.3. Current and Projected Needs of the Board are Supported Through Sound Fiscal Resources Management	- Annual budget and FTP appropriation support accomplishment of Mission and strategic goals - Fiscal audit indicates agency adherence to accepted internal controls and fiscal management - Strategic planning considers long-range projections that may impact fiscal resources	▪ Apply accepted internal and external fiscal controls ▪ Develop, implement, adhere to annual budget ▪ BON fund balance >12 mos. operating costs ▪ 10-year agency growth plan is developed	▪ Board & Staff ▪ Board & Staff ▪ Board & Staff ▪ Staff	▪ Ongoing ▪ Annual ▪ FY2012 ▪ FY2010

Objective	Performance Measure	Benchmarks	Responsibility Assigned	Timeframe
O.4. Operational Systems and Resources Facilitate Agency Processes and Transactions	- Strategic planning considers long-range projections that may impact operational systems and resources - Annual budget requests include equipment and software necessary to support short and long-term Board operations - Maintenance contracts and technical personnel support operational systems	▪ Outsourced systems, contracts support payroll, IT, electronic fee transactions ▪ IT plan adopted/implemented ▪ Resource conservation strategies implemented ▪ Systems/processes streamlined for efficiency, cost-effectiveness	▪ Staff ▪ Staff ▪ Staff ▪ Staff	▪ Ongoing ▪ Ongoing ▪ Ongoing ▪ Ongoing

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

APRN   Advanced Practice Registered Nurse

APPN   Advanced Practice Professional Nurse

CORE®   Commitment to On-going Regulatory Excellence: A Research Project of the National Council of State Boards of Nursing

HIPDB   Health Integrity and Protection Data Bank

ICON   Idaho Coalition on Nursing

LPN   Licensed Practical Nurse

MA-C   Certified Medication Assistant

NCLEX®   National Council Licensure Examination for RNs/LPNs, developed and owned by NCSBN

NCSBN   National Council of State Boards of Nursing

NLC   Nurse Licensure Compact

NLCA   Nurse Licensure Compact Administrators

NPDB   National Practitioner Data Bank

NURSYS®   Nurse Licensure Information System: database developed and maintained by NCSBN

PRN   Program for Recovering Nurses

RN   Licensed Professional/Registered Nurse

TERCAP®   Taxonomy of Error: Root Cause Analysis and Practice Responsibility: A Project of the National Council of State Boards of Nursing

UAP   Unlicensed Assistive Personnel

UCLR   Uniform Core Licensure Requirements

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